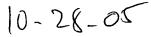
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VIA EXPRESS MAIL EV 691492811 US

To Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Re: Our Docket No. 03283-PA

Dear Sir:

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I hereby certify that this correspondence is being deposited with the U.S. Postal Service as Express Mail in an envelope addressed to: Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450.

Date: October 27, 2005

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By: Oc

Enclosed herewith please find the following:

- 1. Response Under 37 C.F.R. § 1.111.
- 2. Form PTO-1083 duly executed.
- 2. Our post card. (Please date stamp and return.)

Thank you for your cooperation and assistance.

Respectfully submitted,

Sam Rosen

SR/jjr Enclosures P:\HOME\Clients\0170\0047\03283pa PTO CVR LTR.wpd

To the Commissioner for Patents CERTIFICATE OF TRANSMISSION P. O. Box 1450 I hereby certify that this correspondence is being deposited Alexandria, VA 22313-1450 with the U.S. Postal Service as Express Mail in an envelope addressed to: Commissioner for Patents, P. O. Box 1450, Dear Sir: Alexandria, VA 22313-1450. Date: October 27, 2005 Transmitted herewith is an amendment Express Mail Label No.: EV 691492811 US the application of: Inventor: Parker et al ·Serial No.: 10/696,197 Filed: October 29, 2003 For: FIRE-BARRIER COMPOSITION [X] Small entity status of this application under 37 CFR 1.9 and 1.27 has been established by a verified statement previously submitted. [] A verified statement to establish small entity status under 37 CFR 1.9 and 1.27 is enclosed. [X]No additional fee is required. The fee has been calculated as shown below: **CLAIMS** HIGHEST NO. REMAINING **PREVIOUSLY AFTER** PAID FOR **PRESENT** ADD. ADD. **AMENDMENT EXTRA RATE FEE** OR **RATE FEE TOTAL** 13 **MINUS** \*\* 13 0 x 25 \$0 x 50 \$ **INDEP** 6 **MINUS** 0 6 \$ x 100 \$0 x 200 FIRST PRESENTATION OF MULTIPLE DEP. CLAIM +180 \$ +360 \$ \$0 **TOTAL** OR **TOTAL** \$ If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3. \*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space. \*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior amendment or the number of claims originally filed. [ ] Please charge my Deposit Account No. 02-2839 in the amount of \$\_\_\_\_\_\_. A duplicate copy of this sheet is enclosed. [ ] A check in the amount of \$ \_\_\_\_\_ is attached. [X] The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 02-2839. A duplicate copy of this sheet is enclosed.

[X] The Commissioner is hereby authorized to charge payment of the following fees associated any overpayment to Deposit Account No. <u>02-2839</u>. A duplicate copy of this sheet is enclo
 [X] Any filing fees under 37 CFR 1.16 for the presentation of extra claims.
 [X] Any patent application processing fees under 37 CFR 1.17.

Case Docket No. 03283-PA FORM PTO-1083

Sam Rosen Reg. No. 37,991